## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000120632

1. Entity Name

CAPTAIN BRIAN MIDDLETON ENTERPRISES, INC.



May 01, 2003 8:00 am Secretary of State 05-01-2003 90995 034 \*\*\*150.00 ≥

!				Se WI TO	7			
Principal Place of Business 236 N WHITNEY ST ST. AUGUSTINE FL 32084		Mailing Address 236 N WHITNEY ST ST. AUGUSTINE FL 32084						
2. Principal f	Place of Business	3. Mailing Address					3   0   10  0	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
						CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State			4.	01-0553358	<del></del>	oplied For ot Applicable
Zip	Country	Zip		Country	5.	Certificate of Status Desired	<b>\$8.75</b> Add	
<del></del>	6: Name and Address of Current	Registered	Agent	<del></del>		Name and Address of New Registered	Fee Require	
				Name				
	SCIA, DAVID		Street Address		s (P.O. 1	(P.O. Box Number is Not Acceptable)		
	NCE DE LEON BLVD.					<u> </u>		
UNIT #7	JSTINE FL 32084						- 1 - 0 -	
				City		<b>_F</b>		
	e named entity submits this statement fo tions of registered agent.	or the purpos	se of changing its re	gistered office or regis	stered ag	gent, or both, in the State of Florida. I an	n familiar with,	and accept
CIONATURE								i
SIGNATURE	Signature, typed or printed name of registered agent	and title it applica	able. (NOTE: R	egistered Agent signature requ	lired when	reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing	\$5.0	May Be
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State				Trust Fund Contribution.		to Fees
10.	OFFICERS AND	DIRECTORS	S	11.	AI		ND DIRECTOR:	\$ IN 11
TITLE	PVST		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	MIDDLETON, BRIAN 236 N WHITNEY ST			NAME STREET ADDRESS				[
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			CITY-ST-ZIP	_			
TITLE .	D	<del></del>	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	MIDDLETON, BRIAN			NAME STREET ADDRESS				
CITY-ST-ZIP	236 N WHITNEY ST ST. AUGUSTINE FL 32084			CITY-ST-ZIP				
TITLE			☐ Delete	TITLE		معمرن د بند	☐ Change	Addition
NAME				NAME CIRCL ADDRESS				
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				· ·
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME				NAME				ĺ
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP		•		
TITLE			Delete	TITLE			Change	Addition
NAME				NAME			<del>-</del>	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				ļ
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				}

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: